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P/23/03
T-1/A

LAW OFFICES OF BRIAN S. STEINBERGER, P. A.

Registered Patent Attorneys
101 Brevard Avenue   Cocoa, Florida 32922
Phone (321) 633-5080   Fax (321) 633-9322
Email brianss@vol.com

Brian S. Steinberger (Member FL, PA Bars)*
Roland Dexter (Member TX, MA Bars)*
Joyce P. Morlin (Member FL, MI, IN, NY Bars)*
of Counsel
Frances L. Olmsted (Member NY Bar)*
* Registered Patent Attorney

Assistant Commissioner for Patents
P O Box 1450
Alexandria, VA 22313-1450

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GROUP 3600

Application: PRESEALED SYSTEM
First named inventor: DARRELL PRICE
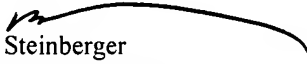Serial Number: 10/039,695
Filed: 01/04/02
Attorney Docket No.: PC-1228

Honorable Commissioner:

Enclosed is a check covering the additional claims fee for the above application totaling $42.00, along with a copy of the Informality re payment of fee notice for the above captioned patent application?

Please enter the fee in connection with the amendment filed on 6/24/03. A return post card is also enclosed.

Respectfully submitted,

Brian S. Steinberger
Registration No. 36,423

I certify that this correspondence, including the attachments listed, is being deposited with the United States Postal Service, in an envelope addressed to Assistant Commissioner for Patents, P O Box 1450, Alexandria, VA 22313-1450, on the date shown below.

7/14/03
Date of Mailing   Signature of Person Mailing
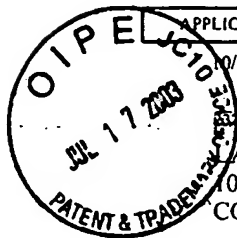
07/21/2003 GGEBREGI 00000016 10039695
01 FC:2201   42.00 OP

UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
0/039,695	01/04/2002	Darrell Price	PC-1228	5672

17   7590   07/10/2003

LAW OFFICES OF BRIAN S STEINBERGER
101 BREVARD AVENUE
COCOA, FL   32922

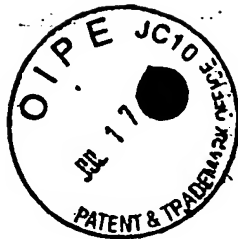| EXAMINER |
|---|
| CHAPMAN, JEANETTE E |

ART UNIT	PAPER NUMBER
3635	

DATE MAILED: 07/10/2003

Please find below and/or attached an Office communication concerning this application or proceeding.

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GROUP 3600

UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office

Address : COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

SERIAL NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO.

EXAMINER	
ART UNIT	**PAPER NUMBER**

DATE MAILED:

INFORMALITY RE.PAYMENT OF FEE

The informality regarding the payment of the fee in connection with ☐ the original filing fee ☑ the amendment filed ____6 - 24 - 03____ is indicated below.

A. FEE DUE

1. ☐ The amendment is considered incomplete in that the funds in Deposit Account No. _____ are insufficient to cover the entire fee due. The balance is due within the period set below.

2. ☐ The amendment is considered an incomplete response, in that payment of $_____ is insufficient to cover the claims as shown in the attached Patent Application Fee Determination Record. Remittance is due within the period set below.

3. ☑ The amendment has not been entered, since applicant has failed to remit (or authorize charge to a Deposit Account) the fee as indicated on the attached Patent Application Fee Determination Record. Remittance or authorization is due within the period set below.

4. ☐ The filing fee of $_____ submitted in this application is insufficient.

   A balance of $ _42,00_ is due for additional claims.

5. ☐

APPLICANT IS GIVEN THE REMAINDER OF THE SET PERIOD FOR RESPONSE, OR ONE (1) MONTH FROM THE DATE OF THIS LETTER, WHICHEVER IS LONGER, WITHIN WHICH TO REMIT THE FEE OF $ _42,00_.

B. EXCESS PAYMENT:

5. ☐ It is noted that payment of $_____ is in excess of the amount necessary to cover the claims now in the application. See the attached Patent Application Fee Determination Record.

   This matter of refund or credit to your account is being referred to the Finance Officer, for his consideration.

_____
CLERK OF GROUP

Application or Docket Number: 10039695

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	25	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	25 minus 20 = *	5
INDEPENDENT CLAIMS	3 minus 3 = *	0
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL	415.00	OR	TOTAL	

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 19	Minus	** 25	=
Independent	* 4	Minus	*** 3	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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